COUNTERDRUG ORIENTATION ATTENDANCE ROSTER			
CAP WING/REGION (SEPARATE FORM FOR EACH WING/REGION) DATE			
AGENCY GIVING ORIENTATION. CUSTOMS & DEA			
CIVIL AIR PATROL COUNTERDRUG MISSION NONDISCLOSURE AGREEMENT By signing this form I realize that due to my current affiliation with the Drug Enforcement Administration (DEA), Customs Service (USCS), and the Forest Service (FS), I hereby declare that I intend to be governed by and will comply with the following provisions: (1) I understand that unauthorized disclosure of information I may acquire as a Civil Air Patrol Counterdrug mission crew member could place human life in jeopardy, or result in the denial of "due process" to a person or persons who are targets of investigations, or prevent the above listed agencies from effectively discharging their responsibilities. (2) I agree that I will never divulge, publish, or reveal either by word or conduct or by any other means disclose to any unauthorized recipient, any information acquired as part of the performance of my duties as a CD crew member or CD Mission Coordinator where any such divulgence, publication, revelation or disclosure would be contrary to law, regulation or public policy. (3) I understand unauthorized disclosure could be a violation of Federal law and subject to prosecution as a criminal offense. I accept the above provisions as conditions for my participation in the CAP CD mission. I agree to comply with these provisions both during my tenure in the CAP CD mission and following termination of such tenure. (4) I authorize Law Enforcement Agencies to conduct background checks during the screening process.			
Pursuant to the Agreement among the Civil Air Patrol, Drug Enforcement Administration, Customs Service, Forest Service and the Air Force, I may be asked to assist the Customs Service, Drug Enforcement Administration, or Forest Service by providing and operating CAP aircraft for law enforcement officers who will conduct reconnaissance to detect illegal activity. I understand the dangers which may result from these patrol flights, which might put me in close proximity to armed drug traffickers. However, I agree I will neither possess nor use any weapons while on a counterdrug (CD) mission, nor will I physically participate in arrest or detention procedures or search and seizure of evidence. I further understand that due to the sensitive nature of this mission, a security screening of participating CAP member is required.			
(Please Print)	CAP	Crew	INDIVIDUAL'S SIGNATURE
NAME	SERIAL#	Pos	(MUST BE SIGNED)
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Your signature in the INDIVIDUAL'S SIGNATURE block indicates you have been explained/briefed/read/understood and SWORN on the indicated date, pertaining to the provisions of the Nondisclosure Agreement and Statement of Understanding.			
WG CC/Designee			